

Health Department, City of Baltimore.

Permit No.

99150

Office of Registrar of Vital Statistics.

Ward

15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

G. A. Emil Loely

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

9

Days

white

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

10 months 24 days

628 S. Sharp St.

Scarlet Fever

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Convulsions
14 days

Cause of Death, { First (Primary),

Second (Immediate),

E. Michael

M. D.

Medical Attendant.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th

{ Undertaker, E. Schlossman

{ Place of Business, 1089 Hanover St.

Address, 526 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

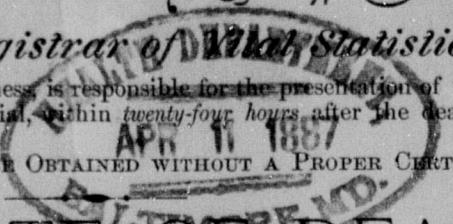
[OVER.]

Health Department, City of Baltimore.

Permit No. 99157 Office of Registrar of Vital Statistics. Ward 10²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 4/10/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line }

Age, 28 Years, — Months, — Days.

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11-1887

{ Undertaker, Mr. Madden }

{ Place of Business, 46 East St. }

G. A. Glavin M. D.
Medical Attendant.
Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

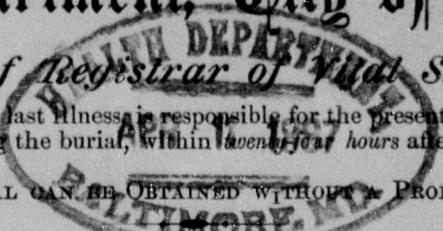
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Health Department, City of Baltimore.

Permit No. 99152 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susan M. Makpeace

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, 3 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge Mass

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 1123 North Eutaw St

Cause of Death, { First (Primary), Canceroma of Mammary Gland. Second (Immediate), Asthenia }

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 11th 87

Undertaker, Newfunk & Son

Place of Business, Park Parlor

J. W. Esh

M. D.

Medical Attendant.

Address, 1123 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

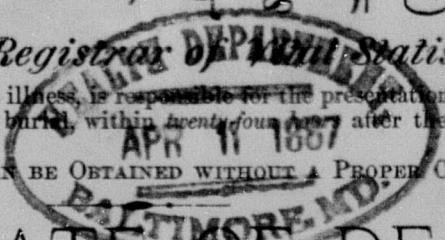
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Health Department, City of Baltimore.

Permit No. 99153 Office of Registrar of Vital Statistics. Ward 201

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. Warner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 800 Edmondson Ave. & Briney St

Cause of Death, { First (Primary), Cold or Pharyngitis
Second (Immediate), Acute Gastritis or Fills. }

Duration of Last Sickness, About 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 11th 1887

Undertaker, Necofent - Vass

Place of Business, Park Garage Address, 1123 E. Fayette St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore

Permit No. 99157

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Theresa L. Mandoepe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

✓

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Alexandria

Duration of Residence in the City of Baltimore,

After her life after life

Place of Death, { Give street and number. }

615 81 Park Street

Cause of Death, { First, (Primary.) }

Right side of heart

Second, (Immediate.)

Shock; after a very hard labor to

Instrumental delivery

Thirty-six hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

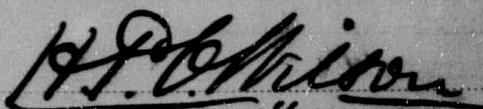
Place of Burial, Mount

Date of Burial, April 12th 87

{ Undertaker, Newfunk's Son

{ Place of Business, Park Cemetery

Address, 814 Park Av.


 M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 99155

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 11 1887
BALTIMORE, MD
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } S. L. Schodt.

Sex, Male or Female, { Cross out the word not required in this line. } S. L. Schodt.

Age, 78. Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Seaman.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Seaman.

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, { Give Street and Number. } 1504 E. Lanvale St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia Catarrhal.

Exhaustion

6 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 12, 1887

Undertaker, J. J. Pickney, Undertaker M. D.

Medical Attendant.

Place of Business, 221 E. Pratt Street, 309-2 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99156 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Creamer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, 4 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

Cor.恩索特Monument Sts

Cause of Death, { First (Primary),
Second (Immediate), }

old age

Chronic nephritis

Duration of Last Sickness,

months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount.

Date of Burial, April 11. 1887

Undertaker, Wm H. Hickman.

M. D.

Medical Attendant.

Place of Business, 234 N. Gay St. Address, 1213 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

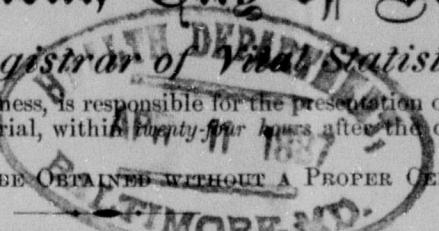
Permit No. 99157

Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Yeet Yost.

Sex, Male or Female, { Cross out the word not required in this line. }

M.

Age, 86 Years,

Months,

Days.

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Veetian Blood Manufacture
Peru

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

43 years

Duration of Residence in the City of Baltimore,

723 E. Preston St.

Place of Death, { Give Street and Number. }

Pneumonia

Cause of Death, { First (Primary),
Second (Immediate), }

Asthma

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Baptist Cemetery.

Date of Burial, Apr. 11th 1887

A. T. Reynolds

M. D.

Undertaker, Mr. Neave.

Medical Attendant.

Place of Business, #738 N. Eutaw

Address, 422 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99158

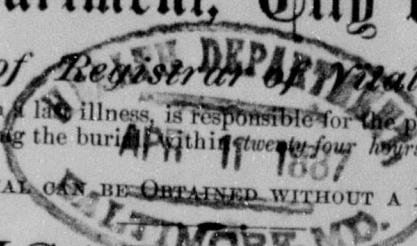
Office of Registrar of Vital Statistics.

Ward 72

8
19"

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two to four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

Apr. 10. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank & Anne Stephens

mothers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 6 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give Street and Number. }

245 Camel st

Cause of Death, { First (Primary),

lock jaw

Second (Immediate),

Injury & cold

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Apr 11 (1887)

{ Undertaker, Alex. Hensley

{ Place of Business, 261 Orchard

Ed. Flannery

M. D.

Medical Attendant.

Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as may be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER]

Board of Health, City of Baltimore.

Permit No. 99159 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 1887Full Name of Deceased, Wm. A. Seymour Write legibly and spell correctly. If an infant not named, give names of parents.Sex, Male or Female, Male Cross out the word not required in this line.Age, 76 Years, 1 Months, 17 Days.Color, WhiteMarried, Single, Widow or Widower, Cross out the word not required in this line.

Occupation

Birthplace, Annapolis State or country, and how long in the United States. (if of foreign birth.)Duration of Residence in the City of Baltimore, 40 yearsPlace of Death, 427 Hanover St Give street and Number.Cause of Death, Chronic Cystitis First (Primary), Extravasation Second (Immediate).Duration of Last Sickness, some years -

All the above information should be furnished by the Physician.

Place of Burial, London Neck CemeteryDate of Burial, April 11th 1887Undertaker, John S. MacherPlace of Business, 150 Camden StBrookman

M. D.

Medical Attendant,

1267 N. Gilman Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]